MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number 10/019248

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT								
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1							51						
2							52	1					
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18	1		1				68						
19			1				69						
20					1		70						
21				1			71						
22							72						
23							73						
24	1		1				74						
25			1				75						
26			1				76						
27							77						
28			1				78						
29			1				79						
30							80						
31							81						
32	1						82						
33							83						
34							84						
35	1						85						
36		1					86						
37		1					87						
38		1					88						
39		1					89						
40		1					90						
41			6		6		91						
42			6		6		92						
43					6		93						
44			6		6		94						
45			6		6		95						
46			6		6		96						
47			6				97						
48							98						
49		1					99						
50							100						
Total Indep	6		6				Total Indep	1		6			
Total Depend	58		63				Total Depend	5		63			
Total Claims			69				Total Claims			69			

RCE

RCE

(69)

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